

File No: 02-883
Prepared By & Return To:
Bridgforth & Buntin
P. O. Box 241
Southaven, MS
(662) 393-4450

BK 0425 PG 0454

STATE MS. - DESOTO CO.
FILED

AUG 2 12 58 PM '02

WARRANTY DEED

BK 425 PG 454
W.E. GRANTOR(S)

L. MAUREEN JOHNSTON

TO

RODNEY L. MUSGROVE ET UX

GRANTEE(S)

FOR AND IN CONSIDERATION of the sum of Ten Dollars (\$10.00), cash in hand paid, and other good, and valuable considerations, the receipt of all of which is hereby acknowledged, L. MAUREEN JOHNSTON, do hereby sell, convey and warrant unto RODNEY L. MUSGROVE AND WIFE, PATRICIA A. MUSGROVE, as tenants by the entirety with full rights of survivorship and not as tenants in common, the land lying and being situated in DeSoto County, Mississippi, described as follows, to-wit:

Lot 102, Section C, Ranch Meadows Subdivision, situated in Section 25, Township 1 South, Range 9 West, DeSoto County, Mississippi as per plat thereof recorded in Plat Book 69, Page 13, in the office of the Chancery Clerk of DeSoto County, Mississippi.

The warranty in this deed is subject to rights of way and easements for public roads and public utilities, subdivision and zoning regulations in effect in DeSoto County, Mississippi, and further subject to all applicable building restrictions and the restrictive covenants of record.

Taxes for the current year have been pro-rated on an estimated basis.

Possession is to be given on 7/26/02.

BY WAY OF EXPLANATION Norman A. Johnston departed this life on or about 7/15/01, survived by his wife, L. Maureen Johnston.

WITNESS my signature this the 26th day of July, 2002.

L. Maureen Johnston
L. Maureen Johnston

STATE OF MISSISSIPPI
COUNTY OF DESOTO

PERSONALLY appeared before me, the undersigned authority in and for said County and State, on this 26th day of July, 2002 within my jurisdiction, the within named L. Maureen Johnston, who acknowledged that she executed the above and foregoing instrument.

My Commission Expires:

Grantor Address & Phone:

116 Center Springs Dr.
Collierville, In. 38138
662-393-4450 - work
na

Jane A. O'Hanail
NOTARY PUBLIC

Grantee Address & Phone:

6967 Corner Ranch Cove
Walls, Mn 38688
205-914-0765 - work
205-408-7402 - home

PE/PRINT
IN
PERMANENT
LACK INK
FOR
INSTRUCTIONS
HANDBOOK



TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE
NUMBER

BK 0425 PG 0455

1. DECEDENT'S NAME (First, Middle, Last) NORMAN ARVEL JOHNSTON				2. SEX MALE		3. DATE OF DEATH (Month, Day, Year) JUL 15, 2001	
4. SOCIAL SECURITY NUMBER (of Decedent) 409-46-8245		5a. AGE LAST BIRTHDAY (Years) 72		5b. UNDER 1 YEAR MOS. DAYS HOURS MIN.		6. DATE OF BIRTH (Month, Day, Year) MAY 3, 1929	
7. BIRTHPLACE (City and State or Foreign Country) ALLEN CO., KY		8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No					
9a. PLACE OF DEATH (Check only one) HOSPITAL: 1 <input checked="" type="checkbox"/> Inpatient 2 <input type="checkbox"/> ER/Outpatient 3 <input type="checkbox"/> DOA OTHER: 4 <input type="checkbox"/> Nursing Home 5 <input type="checkbox"/> Residence 6 <input type="checkbox"/> Other (Specify)						9b. COUNTY OF DEATH SHELBY	
9b. FACILITY NAME (If not institution, give street and number) METHODIST CENTRAL				9c. CITY, TOWN, OR LOCATION OF DEATH MEMPHIS			
10. MARITAL STATUS: Married, Never Married, Widowed, Divorced (Specify) MARRIED		11. SURVIVING SPOUSE (If wife, give maiden name) MAUREEN LAWRENCE		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) DRIVER		12b. KIND OF BUSINESS/INDUSTRY TRUCKING	
13a. RESIDENCE-STATE MS		13b. COUNTY DESOTO		13c. CITY, TOWN OR LOCATION WALLS		13d. STREET AND NUMBER OR RURAL LOCATION 6967 CORNERS RANCH CV.	
13e. INSIDE CITY LIMITS? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		13f. ZIP CODE 38680		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		15. RACE-American Indian, Black, White, etc. (Specify) WHITE	
17. FATHER'S NAME (First, Middle, Last) ARVEL PEYTON JOHNSTON				18. MOTHER'S NAME (First, Middle, Maiden Surname) DONNA MAE ALEXANDER			
19a. INFORMANT'S NAME (Type/Print) MAUREEN JOHNSTON				19b. RELATIONSHIP TO DECEASED WIFE		19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 6967 CORNERS RANCH CV. WALLS, MS 38680	
20a. METHOD OF DISPOSITION 1 <input checked="" type="checkbox"/> Burial 2 <input type="checkbox"/> Cremation 3 <input type="checkbox"/> Removal from State 4 <input type="checkbox"/> Donation 5 <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) MT. UNION METH CEMETERY		20c. LOCATION-City or Town, State SCOTTSDALE, KY		21d. LICENSE NUMBER OF EMBALMER 4744	
21a. SIGNATURE OF FUNERAL DIRECTOR GWEN G. DAVIS		21b. LICENSE NUMBER OF FUNERAL DIRECTOR 5723		21c. SIGNATURE OF EMBALMER JIMMY L. PRICE		21d. LICENSE NUMBER OF EMBALMER 4744	
22a. NAME AND ADDRESS OF FUNERAL HOME GOAD F.H. SCOTTSDALE, KY 42164				22b. LICENSE NUMBER OF FUNERAL HOME 428			
23. REGISTRAR'S SIGNATURE <i>Mary Ann Gladden</i> Deputy				24. DATE FILED (Month, Day, Year) AUG 09 2001			
25a. PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner as stated. 1 <input checked="" type="checkbox"/> SIGNATURE AND TITLE OF PHYSICIAN <i>[Signature]</i>				25b. LICENSE NUMBER MD-014322		25c. DATE SIGNED (Month, Day, Year) 8/7/01	
26a. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the date and place, and due to the cause(s) and manner as stated. 2 <input type="checkbox"/> SIGNATURE AND TITLE OF MEDICAL EXAMINER				26b. LICENSE NUMBER		26c. DATE SIGNED (Month, Day, Year)	
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print) FURHAN YUNUS, M.D. 1331 UNION #800 MEMPHIS, TN 38104				28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Cardio Pbm. Failure Pneumonia Long Cancer			
28. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.				29a. WAS AN AUTOPSY PERFORMED? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
30. MANNER OF DEATH 1 <input type="checkbox"/> Natural 2 <input type="checkbox"/> Accident 3 <input type="checkbox"/> Suicide 4 <input type="checkbox"/> Homicide 5 <input type="checkbox"/> Undetermined		31a. DATE OF INJURY (Month, Day, Year)		31b. TIME OF INJURY M		31c. INJURY AT WORK? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
31a. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify)				31d. DESCRIBE HOW INJURY OCCURRED			
31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)				31g. LOCATION (Street and Number or Rural Route Number, City or Town, State)			

NAME OF DECEDENT
FOR USE BY PHYSICIAN OR REGISTRAR

DISPOSITION

REGISTRAR

CERTIFIER

SIGNATURE OF MEDICAL EXAMINER
MUST BE
AFFIXED AND
SIGNED
WITHIN 48 HOURS.

INSTRUCTIONS
ON OTHER SIDE

CAUSE OF
DEATH

0314-688

810211-10